Please 1		a alue	cian	41	Insida	this	hov		F	ı
Please 1	ype	a plus	รเฐก	(+)	IU2XI 0	បាទេ	DOX	$\overline{}$	w	ı

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☑ Declaration Submitted with Initial Filing

OR

(37 CFR 1.63)

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		60,446-184				
		Balamucki, et al.				
		KNOWN				
Application Number		Herewith				
Filing Date Here		with	_			
Group Art Unit						
Examiner Name			J			

As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
SHIFT DEVEK WITH COOK	SHIFT LEVER WITH COUNTERBALANCE							
		Title of the Invention)						
the specification of which	•							
is attached hereto OR as United States Application Number or PCT International								
OR		as United St	ates Application	Number of For themselves				
•	was filed on (MM/DD/YYYY) (if applicable).							
	Application Number and was amended on (MM/DD/YYYY)							
amended by any amendment spe-	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
			H					
		:						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Filing Dat	e (MM/DD/YYYY)	numbers supplem	al provisional application sare listed on a ental priority data sheet				
	·		PTO/SB	/02B attached hereto.				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IOOSISEI OILIZEE



Please type a plus sign (+) Inside this box

+ Approved for use through 10/31/2002. OM8 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

	customer Nu r Bar Code I	. 1			OR 🗹 (Correspondence address below
Anthony P. Cho						
Address 400 W. Maple Road						
Suite 350						
Birmingham City				State	Michigan	ZIP 48009
United States		Telephon		988-8	360	(248) 988-8363 Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fil	ed for this unsigned inventor
Given Name Tom Family Name BALAMUCKI						
Inventor's 1/16/02						
Residence: City Laurinburg			State NC		U.S.	U.S.
12880 Woodhridge Dr.						
Mailing Address						
Mailing Address						II C
City Laurinburg	State NC			ZIP 28	3352	Country U.S.
NAME OF SECOND INVENTOR				A petit	on has been fil	ed for this unsigned inventor
Given Name Beth I. Family Name KLIMEK or Surname						
Inventor's Signature Date 116 02						
NC US				U.S. Citizenship		
Malling Address 162 Oxendine Scho	ol Road					
P. O. Box 365, Lau Mailing Address	rinburg, N	C 28353				
City Maxton	State NC			ZIP 28	364	Country U.S.
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

Please type a plus sign (+) inside this box →	H
---	---

PTO/SB/02C (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Registration Number	Name	Registration Number
33,080 37,794 37,139 42,777 44,130 46,350		
45,864 46,174 47,209		
	Number 33,080 37,794 37,139 42,777 44,130 46,350 45,864 46,174	Number 33,080 37,794 37,139 42,777 44,130 46,350 45,864 46,174

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

